## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10893808

| CLAIMS AS FILED - PART I<br>(Column 1)                                                |                                                                                                                                                                                                                                                                                                                     |                                           |             |                               |                      | (Column 2)       |   | SMALL ENTITY TYPE |                        | OR | OTHER THAN OR SMALL ENTITY |                        |  |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------|-------------------------------|----------------------|------------------|---|-------------------|------------------------|----|----------------------------|------------------------|--|
| TOTAL CLAIMS                                                                          |                                                                                                                                                                                                                                                                                                                     |                                           | 50          |                               |                      |                  |   | RATE              | FEE                    |    | RATE                       | FEE                    |  |
| FOR NUMBER FILE                                                                       |                                                                                                                                                                                                                                                                                                                     |                                           |             |                               | NUMB                 | ER EXTRA         |   | BASIC FEE         | 385.00                 | OR | BASIC FEE                  | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS 50 minus 20                                                   |                                                                                                                                                                                                                                                                                                                     |                                           |             |                               | • <i>3</i> c         | >                |   | X\$ 9=            |                        | OR | X\$18=                     | 540                    |  |
| INDEPENDENT CLAIMS 5 minus 3 =                                                        |                                                                                                                                                                                                                                                                                                                     |                                           |             |                               | · 2                  |                  |   | X43=              |                        | OR | X86=                       | 172                    |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                      |                                                                                                                                                                                                                                                                                                                     |                                           |             |                               |                      |                  |   | +145=             |                        | OR | +290=                      |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in co                    |                                                                                                                                                                                                                                                                                                                     |                                           |             |                               |                      | olumn 2          |   | TOTAL             |                        | OR | TOTAL                      | 1482                   |  |
| CLAIMS AS AMENDED - PART II                                                           |                                                                                                                                                                                                                                                                                                                     |                                           |             |                               |                      |                  |   | SMALL ENTITY      |                        |    | OTHER THAN                 |                        |  |
|                                                                                       |                                                                                                                                                                                                                                                                                                                     | (Column 1)<br>CLAIMS                      | <del></del> | (Colur                        |                      | (Column 3)       | 1 | SINALL            |                        |    | JAINEE.                    | ADDI-                  |  |
| AMENDMENT A                                                                           | 08/18/04                                                                                                                                                                                                                                                                                                            | REMAINING<br>AFTER<br>AMENDMENT           |             | NUMI<br>PREVIO<br>PAID        | BER<br>DUSLY         | PRESENT<br>EXTRA |   | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | TIONAL                 |  |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                               | . 50                                      | Minus       | <b>**</b> 5                   | 0                    | =                |   | X\$ 9=            |                        | OR | X\$18=                     |                        |  |
|                                                                                       | Independent                                                                                                                                                                                                                                                                                                         | • 5                                       | Minus       | ***                           | 5                    | -/               |   | X43=              |                        | OR | X86=                       |                        |  |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                      |                                           |             |                               |                      |                  |   | +145=             |                        | OR | +290=                      |                        |  |
| T(C ADDIT.                                                                            |                                                                                                                                                                                                                                                                                                                     |                                           |             |                               |                      |                  |   |                   |                        | OR | TOTAL<br>ADDIT, FEE        |                        |  |
| (Column 1) (Column 2) (Column 3)                                                      |                                                                                                                                                                                                                                                                                                                     |                                           |             |                               |                      |                  |   |                   |                        |    |                            |                        |  |
| AMENDMENT B                                                                           |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | -           | HIGH<br>NUM<br>PREVK<br>PAID  | BER<br>OUSLY         | PRESENT<br>EXTRA |   | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                               | *                                         | Minus       | tra.                          |                      | =                |   | X\$ 9=            |                        | OR | X\$18=                     |                        |  |
|                                                                                       | Independent                                                                                                                                                                                                                                                                                                         | *                                         | Minus       | ***                           |                      | =                |   | X43=              |                        | OR | X86=                       |                        |  |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                      |                                           |             |                               |                      |                  |   | +145=             |                        | OR | +290=                      |                        |  |
| TOTAL ADDIT, FEE                                                                      |                                                                                                                                                                                                                                                                                                                     |                                           |             |                               |                      |                  |   |                   |                        | OR | TOTAL                      | 1                      |  |
| (Column 1) (Column 2) (Column 3)                                                      |                                                                                                                                                                                                                                                                                                                     |                                           |             |                               |                      |                  |   |                   |                        |    |                            |                        |  |
| AMENDMENT C                                                                           | •                                                                                                                                                                                                                                                                                                                   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY | PRESENT<br>EXTRA |   | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                               | *                                         | Minus       | ##                            |                      | = .              |   | X\$ 9=            |                        | OR | X\$18=                     |                        |  |
|                                                                                       | Independent                                                                                                                                                                                                                                                                                                         | •                                         | Minus       | ***                           |                      | <u> -</u>        | 4 | X43=              |                        | OR | X86=                       |                        |  |
|                                                                                       | FIRST PRESE                                                                                                                                                                                                                                                                                                         | NTATION OF MI                             | JLTIPLE DEF | PENDEN                        | CLAIM                |                  | L | +145=             |                        | OR | +290=                      |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                                                                                                                                                                                                                                                                                     |                                           |             |                               |                      |                  |   |                   |                        | OR | TOTAL                      |                        |  |
| ***                                                                                   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |             |                               |                      |                  |   |                   |                        |    |                            |                        |  |